MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027978
STATE FILE NUMBER

Registration District No. 287 Primary Registration District No. — Registrar's No. 191

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

0740
0740
3
4 0
5 1
6
7 0
8 0
9 4201
10
11
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 6 1962

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Graham
Length of stay in 1b 26 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nodaway
c. CITY OR TOWN Graham
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Homer Middle Edward Last Crain
4. DATE OF DEATH Month 7 Day 28 Year 62
5. SEX Male
6. COLOR OR RACE Cau
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-26-1889
9. AGE (last birthday) 73
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Barnard Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Crain
13b. MOTHER'S MAIDEN NAME Dora Dunn
14. NAME OF HUSBAND OR WIFE Mrs Nora Crain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Nora Crain Address Graham Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 10 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION . COUNTY STATE

21. I attended the deceased from — to — and last saw her/him alive on —
Death occurred at — m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. F. Bland MD
22b. ADDRESS Maryville Mo
22c. DATE SIGNED 7/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-31-1962
23c. NAME OF CEMETERY OR CREMATORY Graham Cem
23d. LOCATION (City, town, or county) Graham (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Atchison, Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 7-30-62
26. REGISTRAR'S SIGNATURE Bess Wolt

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed G M Alderman

Licensed Embalmer No. 2279

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.